
State:	District of Columbia	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Indemnity Rates		
Project Name/Number:	/		

Filing at a Glance

Company:	Reserve National Insurance Company
Product Name:	Group Accident Indemnity Rates
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	10/16/2013
SERFF Tr Num:	EWLE-129251880
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	

Implementation	
Date Requested:	
Author(s):	Suzanne Heasley
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: District of Columbia **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident Indemnity Rates
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: Overall Rate Impact:
Filing Status Changed: 10/24/2013
State Status Changed: Deemer Date:
Created By: Suzanne Heasley Submitted By: Suzanne Heasley
Corresponding Filing Tracking Number:

Filing Description:
See attached submission letter.

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance sheasley@lewisellis.com
2325 Havard Oak Drive 972-398-3733 [Phone]
Plano, TX 75074

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code:	Company Type:
Oklahoma City, OK 73114	Group Name:	State ID Number:
(800) 654-9106 ext. [Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Reserve National Insurance Company
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum	KB-EAI-POL-1301-DC, KB-EAI-PHAPP-1301-DC, KB-EAI-CER-1301-DC, KB-EAI-IPAPP-DC	New		RNICAccIndKB-EAI-POL-1301ActMemo-Generic06-23-13.pdf,

Reserve National Insurance Company

Actuarial Memorandum - Generic Accident Indemnity Product Policy Form: KB-EAI-POL-1301, et al

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

Benefit Description

The base plan offers accident medical indemnity benefits. Initial Care must begin within 72 hours of the accident and all treatment expenses must be incurred within 90 days of the accident, unless otherwise specified.

An Accidental Death and Disability Income rider is also available. Please see the attached Exhibit II for a summary of benefits.

Applicability

This actuarial memorandum is for all policies issued under this form for the schedule of benefits as well as market and underwriting approach.

Renewability Clause

Coverage is guaranteed renewable to age 69.

Marketing Method

The product will be sold on a voluntary basis to employees of an employer.

Morbidity

The morbidity is based upon public and proprietary sources. Sources include:

- 2012 Lewis & Ellis Major Medical Manual
- 2008 Lewis & Ellis Dental Manual
- CDC National Center for Health Statistics Data
- Society of Actuaries 2006 Group Term Life Mortality & Morbidity Study
- Agency for Health Care Research and Quality – HCUP
- 1985 Commissioners Individual Disability Table A
- Proprietary company claim experience for years 1994-1999
- National Safety Council: Injury Facts 2005-2006 Edition
- The Burden of Musculoskeletal Diseases in the United States 2008
- National Immunization Survey
- National Center for Health Statistics
- National Ambulatory Medical Care Survey
- National Hospital Ambulatory Medical Care Survey

Reserve National Insurance Company

- 2009 Lewis & Ellis Physician Fee Analysis
- 2009 Nursing Education and Staff Development
- Ambulatory Medical Care Utilization Estimates for 2006 & 2007
- Curators of the University of Missouri & RCEP7
- McGraw-Hill RBRVS, 1995
- American Academy of Orthopaedic Surgeons

Premium Classes

Premiums are calculated on a single age unisex basis.

Premiums were developed separately by Family Tier. The tiers available are: Employee, Employee and Spouse, Employee and Child, and Family.

Please see the attached Exhibit I for the base premium schedule.

Average Annual Premium

Based on the assumed sales distribution, the average annual premium per policy is \$594.

Premium Modalization Rules

Modal Factors	
Monthly	1.0000
Semi-Monthly	0.5000
Bi-Weekly	0.4614
Weekly	0.2307

Claim Liability and Reserves

Claim liabilities and reserves will be established using the completion factor method with adjustments as necessary.

Anticipated Loss Ratio

The anticipated lifetime loss ratio is 50.3%

Proposed Effective Date

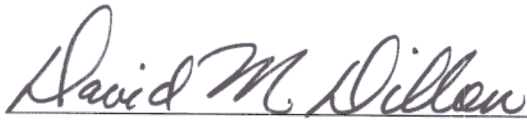
The plan will be effective after approval by the insurance department.

Reserve National Insurance Company

Actuarial Certification

I certify that to the best of my knowledge and judgment:

- (1) The rates attached comply with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference;
- (2) The expected benefits provided are reasonable in relation to the proposed premiums;
- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
- (4) The premium schedule is not excessive, inadequate, or unfairly discriminatory.



David M. Dillon, F.S.A., M.A.A.A.
LEWIS & ELLIS, INC.
P.O. Box 851857
Richardson, TX 75085-1857

June 23, 2013

Reserve National Insurance Company

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

Non-Variable Benefits – Class I	EE	ES	EC	F
Bronze	\$6.06	\$11.55	\$12.55	\$19.07
Silver	\$11.09	\$21.03	\$22.80	\$34.60
Gold	\$15.46	\$29.22	\$31.63	\$47.93
Platinum	\$19.85	\$37.42	\$40.50	\$61.32
Variable Benefits – Class I	EE	ES	EC	F
Hospital Admission per \$250	\$0.20	\$0.45	\$0.77	\$1.11
Intensive Care Unit Admission per \$500	\$0.08	\$0.18	\$0.31	\$0.45
Hospital Confinement per \$50	\$0.16	\$0.33	\$0.61	\$0.86
Intensive Care Unit Confinement per \$100	\$0.08	\$0.16	\$0.30	\$0.42
Emergency Room Treatment per \$50	\$0.42	\$0.83	\$1.30	\$1.85
Physician's Office/Urgent Care per \$75	\$0.44	\$0.87	\$1.46	\$2.04
Physician Follow-Up Visit [1 Visit] per \$25	\$0.15	\$0.29	\$0.49	\$0.68
Physician Follow-Up Visit [2 Visits] per \$25	\$0.26	\$0.51	\$0.86	\$1.20
Physician Follow-Up Visit [3 Visits] per \$25	\$0.35	\$0.69	\$1.14	\$1.60
Physician Follow-Up Visit [4 Visits] per \$25	\$0.43	\$0.82	\$1.37	\$1.92
OT/PT/ST [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
OT/PT/ST [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
OT/PT/ST [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
Chiropractic Treatment [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
Chiropractic Treatment [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
Chiropractic Treatment [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
X-Ray per \$25	\$0.31	\$0.63	\$0.69	\$1.06
Major Diagnostic Exams per \$100	\$1.06	\$2.13	\$2.37	\$3.64
Outpatient Surgical Facility per \$50	\$0.10	\$0.19	\$0.21	\$0.33

Reserve National Insurance Company

24-Hour Coverage – Monthly Premiums

Non-Variable Benefits – Class II	EE	ES	EC	F
Bronze	\$7.27	\$13.86	\$13.68	\$21.25
Silver	\$13.30	\$25.23	\$24.86	\$38.57
Gold	\$18.55	\$35.04	\$34.49	\$53.44
Platinum	\$23.81	\$44.88	\$44.16	\$68.36
Variable Benefits – Class II	EE	ES	EC	F
Hospital Admission per \$250	\$0.24	\$0.54	\$0.84	\$1.24
Intensive Care Unit Admission per \$500	\$0.10	\$0.22	\$0.34	\$0.50
Hospital Confinement per \$50	\$0.19	\$0.40	\$0.67	\$0.96
Intensive Care Unit Confinement per \$100	\$0.09	\$0.20	\$0.33	\$0.47
Emergency Room Treatment per \$50	\$0.50	\$1.00	\$1.41	\$2.06
Physician's Office/Urgent Care per \$75	\$0.53	\$1.04	\$1.59	\$2.27
Physician Follow-Up Visit [1 Visit] per \$25	\$0.18	\$0.35	\$0.53	\$0.76
Physician Follow-Up Visit [2 Visits] per \$25	\$0.32	\$0.61	\$0.93	\$1.34
Physician Follow-Up Visit [3 Visits] per \$25	\$0.42	\$0.82	\$1.25	\$1.79
Physician Follow-Up Visit [4 Visits] per \$25	\$0.51	\$0.99	\$1.50	\$2.14
OT/PT/ST [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
OT/PT/ST [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
OT/PT/ST [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
Chiropractic Treatment [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
Chiropractic Treatment [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
Chiropractic Treatment [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
X-Ray per \$25	\$0.38	\$0.75	\$0.75	\$1.18
Major Diagnostic Exams per \$100	\$1.28	\$2.55	\$2.59	\$4.06
Outpatient Surgical Facility per \$50	\$0.12	\$0.23	\$0.23	\$0.37

Disability Rider – Monthly Premiums

Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$0.95	\$1.42
Acc 26 Weeks; 14 Days	\$0.92	\$1.46
Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$3.22	\$4.34
Acc 26 Weeks; 14 Days	\$4.04	\$5.47

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.90	0.92	0.95	0.95

Reserve National Insurance Company

Exhibit II - Summary of Benefits

General Description	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.							
Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Accidental Death: EE/SP/CH Common Carrier: 2X	\$100k/\$40k/\$20k		\$75k/\$30k/\$15k		\$50k/\$20k/\$10k		\$25k/\$10k/\$5k	
Accidental Dismemberment Loss of:								
Both hands OR Both feet OR Both eyes	\$50,000		\$37,500		\$25,000		\$12,500	
One hand and one foot OR one hand and one eye OR one foot and one eye	\$50,000		\$37,500		\$25,000		\$12,500	
One hand OR one eye OR one foot	\$25,000		\$18,750		\$12,500		\$6,250	
Paralysis:								
Quadriplegia	\$25,000		\$18,750		\$12,500		\$6,250	
Paraplegia	\$12,500		\$9,375		\$6,250		\$3,125	
Ambulance: Air/Ground	\$2,000/\$500		\$1,500/\$375		\$1,000/\$250		\$500/\$125	
Appliance	\$200		\$200		\$100		\$50	
Blood / Plasma / Platelets	\$500		\$500		\$250		\$125	
Burns								
2 nd Degree, 35 sq in or more	\$2,000		\$2,000		\$1,000		\$500	
3 rd Degree, 10 – 20 sq in	\$6,000		\$6,000		\$3,000		\$1,500	
3 rd Degree, 20 – 35 sq in	\$10,000		\$10,000		\$5,000		\$2,500	
3 rd Degree, 35 sq in or more	\$20,000		\$20,000		\$10,000		\$5,000	
Skin Grafts – 2 nd or 3 rd Degree Burns	50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit	
Skin Grafts – Other accidental loss								
10 – 20 sq in	\$450		\$450		\$300		\$150	
20 – 35 sq in	\$750		\$750		\$500		\$250	
35 sq in or more	\$1,500		\$1,500		\$1,000		\$500	
Coma	\$15,000		\$15,000		\$10,000		\$5,000	
Concussion	\$300		\$300		\$200		\$100	
Dental								
Emergency Crown	\$450		\$450		\$300		\$150	
Emergency Extraction	\$150		\$150		\$100		\$50	
Dislocation	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Knee (except Patella)	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Ankle bone or bones of foot (other than toes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Collarbone (Sternoclavicular)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Lower jaw	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder (Glenohumeral)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Elbow	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Wrist	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Bone or bones of hand (other than fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Acromioclavicular and separation)	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
One toe or finger	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Eye Injury	\$400		\$400		\$300		\$200	

Reserve National Insurance Company

Exhibit II - Summary of Benefits, continued

Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Fracture	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Skull (Except bones of face or nose), Depressed	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Skull (Except bones of face or nose), Non-depressed	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Hip, Thigh (Femur)	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Vertebrae, Body of (Excluding Vertebral Processes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Pelvis	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Leg (Tibia and/or Fibula)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Bone of the face or nose (Except Mandible or Maxilla)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Jaw, Maxilla (Except Alveolar Process)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Arm between Elbow and Shoulder (Humerus)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Lower Jaw, Mandible (Except Alveolar Process)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder Blade (Scapula)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Clavicle, Sternum)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Vertebral Processes	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Forearm (Radius and/or Ulna)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Hand, Wrist (except Fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Kneecap (Patella)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Foot (except Toes)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Ankle	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Rib	\$500	\$1,000	\$375	\$750	\$250	\$500	\$125	\$250
Coccyx	\$300	\$600	\$225	\$450	\$150	\$300	\$75	\$150
Finger, Toe	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Knee Cartilage								
Torn with surgical repair	\$1,000		\$750		\$750		\$500	
Exploratory without repair	\$200		\$150		\$150		\$100	
Laceration								
Not requiring stitches	\$75		\$50		\$50		\$25	
Less than 2 in long with stitches	\$100		\$75		\$75		\$50	
2 – 6 in long with stitches	\$400		\$300		\$300		\$200	
6 in or more with stitches	\$800		\$600		\$600		\$400	
Lodging (Per night)	\$200		\$200		\$150		\$100	
Pain Management	\$150		\$150		\$100		\$50	
Prosthetic Device								
One only	\$1,000		\$1,000		\$750		\$500	
Two or more	\$2,000		\$2,000		\$1,500		\$1,000	
Rehab Unit Confinement (Per Day)	\$150		\$150		\$100		\$50	
Ruptured Disc with Surgical Care	\$1,000		\$1,000		\$750		\$500	
Surgery – Open Abdominal & Thoracic	\$2,000		\$2,000		\$1,500		\$1,000	
Surgery – Hernia or Exploratory without repair	\$200		\$200		\$150		\$100	
Tendon / Ligament / Rotator Cuff								
Single	\$1,250		\$1,000		\$1,000		\$750	
Multiple	\$2,000		\$1,750		\$1,750		\$1,250	
Exploratory without repair	\$300		\$200		\$200		\$100	
Transportation	\$0.60 per mile		\$0.60 per mile		\$0.45 per mile		\$0.30 per mile	

Reserve National Insurance Company

Variable Benefits by Package (Selected by Employer) No "internal" rules regarding the units selected. Each benefit can be a different number of units.	Platinum	Gold	Silver	Bronze
Hospital Admission \$250 per unit	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]
Hospital ICU Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission
Hospital Confinement (Per day up to 365) \$50 per unit	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]
Hospital ICU Confinement (Per day up to 365)	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement
Emergency Room Treatment \$50 per unit	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]
Emergency Care in Physician Office or Urgent Care Facility \$75 per unit	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]
Physician Follow-up Visit (\$25 Per Unit, [1-4] visit max)	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]
OT/PT/ST (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
Chiropractic Treatment (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
X-Ray	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]
Major Diagnostic Imaging: PET/CT/CAT	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]
Outpatient Surgical Facility	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]

Disability Income Rider	<p>Pays a flat monthly benefit of \$100 per unit, up to 25 units. Benefit payable for a total disability as a result of a covered Accident-only or Accident & Sickness.</p> <p>The elimination and benefit periods available are:</p> <p><u>Accident Only Coverage</u> 7 day EP, 13 week benefit 14 day EP, 26 week benefit</p> <p><u>Accident & Sickness Coverage</u> 7/14 day EP, 13 week benefit 14/14 day EP, 26 week benefit</p> <p>The rider is only available to the primary insured.</p>
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State:	District of Columbia	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Indemnity Rates		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Submission letter traditional employers Indemnity rate.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	LetterofAuthorization-Lewis&Ellis.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	RNICAcclndKB-EAI-POL-1301ActMemo-Generic06-23-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	RNICAcclndKB-EAI-POL-1301ActMemo-Generic06-23-13.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not P and C
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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State:	District of Columbia	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Indemnity Rates		
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Bypass Reason:	Not P and C
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not ppaca
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	not ppaca
Attachment(s):	
Item Status:	
Status Date:	

**Dallas**

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Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

October 16, 2013

District of Columbia Division of Insurance

RE: Reserve National Insurance Company NAIC # 68462
Actuarial Filing for:
KB-EAI-POL-1301-DC Policy Pages Accident Indemnity
KB-EAI-PHAPP-1301-DC Policyholder Accident Indemnity Application
KB-EAI-CER-1301-DC Certificate Accident Indemnity
KB-EAI-IPAPP-1301-DC Insured Person Accident Indemnity Application

Dear Sir or Madam:

This submission is being made on behalf of Reserve National Insurance Company.

This filing is to provide the Actuarial information in connection with the forms submission (submitted under separate SERFF submission) for the forms described in this letter. The forms are designed to provide group accident coverage on an indemnity basis.

Form KB-EAI-POL-1301-DC is the Policy Pages for the Accident Indemnity coverage. Form KB-EAI-PHAPP-1301-DC is the Policyholder Accident Indemnity Application. Form KB-EAI-CER-1301-DC is the Certificate Accident Indemnity and Form KB-EAI-IPAPP-1301-DC is the Insured Person Accident Indemnity Application.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

A handwritten signature in cursive script that reads 'Suzanne Heasley'.

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist



December 31, 2012

RE: Filing Authorization
Lewis & Ellis, Inc.

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. and any authorized representative of Lewis & Ellis, Inc. to submit state filings of insurance applications/forms/rates/products on behalf of Reserve National Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such applications/forms/rates/products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Reserve National Insurance Company.

Sincerely,

A handwritten signature in black ink that reads "Kyle D. Conrad". The signature is written in a cursive style with a large, stylized "K" and a distinct "D" and "C".

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

KDC:bdd

[Type text] [Type text] [Type text]

Reserve National Insurance Company

Actuarial Memorandum - Generic Accident Indemnity Product Policy Form: KB-EAI-POL-1301, et al

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

Benefit Description

The base plan offers accident medical indemnity benefits. Initial Care must begin within 72 hours of the accident and all treatment expenses must be incurred within 90 days of the accident, unless otherwise specified.

An Accidental Death and Disability Income rider is also available. Please see the attached Exhibit II for a summary of benefits.

Applicability

This actuarial memorandum is for all policies issued under this form for the schedule of benefits as well as market and underwriting approach.

Renewability Clause

Coverage is guaranteed renewable to age 69.

Marketing Method

The product will be sold on a voluntary basis to employees of an employer.

Morbidity

The morbidity is based upon public and proprietary sources. Sources include:

- 2012 Lewis & Ellis Major Medical Manual
- 2008 Lewis & Ellis Dental Manual
- CDC National Center for Health Statistics Data
- Society of Actuaries 2006 Group Term Life Mortality & Morbidity Study
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- National Immunization Survey
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Reserve National Insurance Company

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- Ambulatory Medical Care Utilization Estimates for 2006 & 2007
- Curators of the University of Missouri & RCEP7
- McGraw-Hill RBRVS, 1995
- American Academy of Orthopaedic Surgeons

Premium Classes

Premiums are calculated on a single age unisex basis.

Premiums were developed separately by Family Tier. The tiers available are: Employee, Employee and Spouse, Employee and Child, and Family.

Please see the attached Exhibit I for the base premium schedule.

Average Annual Premium

Based on the assumed sales distribution, the average annual premium per policy is \$594.

Premium Modalization Rules

Modal Factors	
Monthly	1.0000
Semi-Monthly	0.5000
Bi-Weekly	0.4614
Weekly	0.2307

Claim Liability and Reserves

Claim liabilities and reserves will be established using the completion factor method with adjustments as necessary.

Anticipated Loss Ratio

The anticipated lifetime loss ratio is 50.3%

Proposed Effective Date

The plan will be effective after approval by the insurance department.

Reserve National Insurance Company

Actuarial Certification

I certify that to the best of my knowledge and judgment:

- (1) The rates attached comply with Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference;
- (2) The expected benefits provided are reasonable in relation to the proposed premiums;
- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
- (4) The premium schedule is not excessive, inadequate, or unfairly discriminatory.



David M. Dillon, F.S.A., M.A.A.A.
LEWIS & ELLIS, INC.
P.O. Box 851857
Richardson, TX 75085-1857

June 23, 2013

Reserve National Insurance Company

Exhibit I - Premium Exhibit

24-Hour Coverage - Monthly Premiums

Non-Variable Benefits – Class I	EE	ES	EC	F
Bronze	\$6.06	\$11.55	\$12.55	\$19.07
Silver	\$11.09	\$21.03	\$22.80	\$34.60
Gold	\$15.46	\$29.22	\$31.63	\$47.93
Platinum	\$19.85	\$37.42	\$40.50	\$61.32
Variable Benefits – Class I	EE	ES	EC	F
Hospital Admission per \$250	\$0.20	\$0.45	\$0.77	\$1.11
Intensive Care Unit Admission per \$500	\$0.08	\$0.18	\$0.31	\$0.45
Hospital Confinement per \$50	\$0.16	\$0.33	\$0.61	\$0.86
Intensive Care Unit Confinement per \$100	\$0.08	\$0.16	\$0.30	\$0.42
Emergency Room Treatment per \$50	\$0.42	\$0.83	\$1.30	\$1.85
Physician's Office/Urgent Care per \$75	\$0.44	\$0.87	\$1.46	\$2.04
Physician Follow-Up Visit [1 Visit] per \$25	\$0.15	\$0.29	\$0.49	\$0.68
Physician Follow-Up Visit [2 Visits] per \$25	\$0.26	\$0.51	\$0.86	\$1.20
Physician Follow-Up Visit [3 Visits] per \$25	\$0.35	\$0.69	\$1.14	\$1.60
Physician Follow-Up Visit [4 Visits] per \$25	\$0.43	\$0.82	\$1.37	\$1.92
OT/PT/ST [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
OT/PT/ST [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
OT/PT/ST [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
Chiropractic Treatment [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
Chiropractic Treatment [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
Chiropractic Treatment [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
X-Ray per \$25	\$0.31	\$0.63	\$0.69	\$1.06
Major Diagnostic Exams per \$100	\$1.06	\$2.13	\$2.37	\$3.64
Outpatient Surgical Facility per \$50	\$0.10	\$0.19	\$0.21	\$0.33

Reserve National Insurance Company

24-Hour Coverage – Monthly Premiums

Non-Variable Benefits – Class II	EE	ES	EC	F
Bronze	\$7.27	\$13.86	\$13.68	\$21.25
Silver	\$13.30	\$25.23	\$24.86	\$38.57
Gold	\$18.55	\$35.04	\$34.49	\$53.44
Platinum	\$23.81	\$44.88	\$44.16	\$68.36
Variable Benefits – Class II	EE	ES	EC	F
Hospital Admission per \$250	\$0.24	\$0.54	\$0.84	\$1.24
Intensive Care Unit Admission per \$500	\$0.10	\$0.22	\$0.34	\$0.50
Hospital Confinement per \$50	\$0.19	\$0.40	\$0.67	\$0.96
Intensive Care Unit Confinement per \$100	\$0.09	\$0.20	\$0.33	\$0.47
Emergency Room Treatment per \$50	\$0.50	\$1.00	\$1.41	\$2.06
Physician's Office/Urgent Care per \$75	\$0.53	\$1.04	\$1.59	\$2.27
Physician Follow-Up Visit [1 Visit] per \$25	\$0.18	\$0.35	\$0.53	\$0.76
Physician Follow-Up Visit [2 Visits] per \$25	\$0.32	\$0.61	\$0.93	\$1.34
Physician Follow-Up Visit [3 Visits] per \$25	\$0.42	\$0.82	\$1.25	\$1.79
Physician Follow-Up Visit [4 Visits] per \$25	\$0.51	\$0.99	\$1.50	\$2.14
OT/PT/ST [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
OT/PT/ST [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
OT/PT/ST [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
Chiropractic Treatment [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
Chiropractic Treatment [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
Chiropractic Treatment [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
X-Ray per \$25	\$0.38	\$0.75	\$0.75	\$1.18
Major Diagnostic Exams per \$100	\$1.28	\$2.55	\$2.59	\$4.06
Outpatient Surgical Facility per \$50	\$0.12	\$0.23	\$0.23	\$0.37

Disability Rider – Monthly Premiums

Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$0.95	\$1.42
Acc 26 Weeks; 14 Days	\$0.92	\$1.46

Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$3.22	\$4.34
Acc 26 Weeks; 14 Days	\$4.04	\$5.47

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.90	0.92	0.95	0.95

Reserve National Insurance Company

Exhibit II - Summary of Benefits

General Description	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.							
Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Accidental Death: EE/SP/CH Common Carrier: 2X	\$100k/\$40k/\$20k		\$75k/\$30k/\$15k		\$50k/\$20k/\$10k		\$25k/\$10k/\$5k	
Accidental Dismemberment Loss of:								
Both hands OR Both feet OR Both eyes	\$50,000		\$37,500		\$25,000		\$12,500	
One hand and one foot OR one hand and one eye OR one foot and one eye	\$50,000		\$37,500		\$25,000		\$12,500	
One hand OR one eye OR one foot	\$25,000		\$18,750		\$12,500		\$6,250	
Paralysis:								
Quadriplegia	\$25,000		\$18,750		\$12,500		\$6,250	
Paraplegia	\$12,500		\$9,375		\$6,250		\$3,125	
Ambulance: Air/Ground	\$2,000/\$500		\$1,500/\$375		\$1,000/\$250		\$500/\$125	
Appliance	\$200		\$200		\$100		\$50	
Blood / Plasma / Platelets	\$500		\$500		\$250		\$125	
Burns								
2 nd Degree, 35 sq in or more	\$2,000		\$2,000		\$1,000		\$500	
3 rd Degree, 10 – 20 sq in	\$6,000		\$6,000		\$3,000		\$1,500	
3 rd Degree, 20 – 35 sq in	\$10,000		\$10,000		\$5,000		\$2,500	
3 rd Degree, 35 sq in or more	\$20,000		\$20,000		\$10,000		\$5,000	
Skin Grafts – 2 nd or 3 rd Degree Burns	50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit	
Skin Grafts – Other accidental loss								
10 – 20 sq in	\$450		\$450		\$300		\$150	
20 – 35 sq in	\$750		\$750		\$500		\$250	
35 sq in or more	\$1,500		\$1,500		\$1,000		\$500	
Coma	\$15,000		\$15,000		\$10,000		\$5,000	
Concussion	\$300		\$300		\$200		\$100	
Dental								
Emergency Crown	\$450		\$450		\$300		\$150	
Emergency Extraction	\$150		\$150		\$100		\$50	
Dislocation	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Knee (except Patella)	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Ankle bone or bones of foot (other than toes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Collarbone (Sternoclavicular)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Lower jaw	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder (Glenohumeral)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Elbow	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Wrist	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Bone or bones of hand (other than fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Acromioclavicular and separation)	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
One toe or finger	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Eye Injury	\$400		\$400		\$300		\$200	

Reserve National Insurance Company

Exhibit II - Summary of Benefits, continued

Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Fracture	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Skull (Except bones of face or nose), Depressed	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Skull (Except bones of face or nose), Non-depressed	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Hip, Thigh (Femur)	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Vertebrae, Body of (Excluding Vertebral Processes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Pelvis	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Leg (Tibia and/or Fibula)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Bone of the face or nose (Except Mandible or Maxilla)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Jaw, Maxilla (Except Alveolar Process)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Arm between Elbow and Shoulder (Humerus)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Lower Jaw, Mandible (Except Alveolar Process)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder Blade (Scapula)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Clavicle, Sternum)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Vertebral Processes	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Forearm (Radius and/or Ulna)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Hand, Wrist (except Fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Kneecap (Patella)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Foot (except Toes)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Ankle	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Rib	\$500	\$1,000	\$375	\$750	\$250	\$500	\$125	\$250
Coccyx	\$300	\$600	\$225	\$450	\$150	\$300	\$75	\$150
Finger, Toe	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Knee Cartilage								
Torn with surgical repair	\$1,000		\$750		\$750		\$500	
Exploratory without repair	\$200		\$150		\$150		\$100	
Laceration								
Not requiring stitches	\$75		\$50		\$50		\$25	
Less than 2 in long with stitches	\$100		\$75		\$75		\$50	
2 – 6 in long with stitches	\$400		\$300		\$300		\$200	
6 in or more with stitches	\$800		\$600		\$600		\$400	
Lodging (Per night)	\$200		\$200		\$150		\$100	
Pain Management	\$150		\$150		\$100		\$50	
Prosthetic Device								
One only	\$1,000		\$1,000		\$750		\$500	
Two or more	\$2,000		\$2,000		\$1,500		\$1,000	
Rehab Unit Confinement (Per Day)	\$150		\$150		\$100		\$50	
Ruptured Disc with Surgical Care	\$1,000		\$1,000		\$750		\$500	
Surgery – Open Abdominal & Thoracic	\$2,000		\$2,000		\$1,500		\$1,000	
Surgery – Hernia or Exploratory without repair	\$200		\$200		\$150		\$100	
Tendon / Ligament / Rotator Cuff								
Single	\$1,250		\$1,000		\$1,000		\$750	
Multiple	\$2,000		\$1,750		\$1,750		\$1,250	
Exploratory without repair	\$300		\$200		\$200		\$100	
Transportation	\$0.60 per mile		\$0.60 per mile		\$0.45 per mile		\$0.30 per mile	

Reserve National Insurance Company

Variable Benefits by Package (Selected by Employer) No "internal" rules regarding the units selected. Each benefit can be a different number of units.	Platinum	Gold	Silver	Bronze
Hospital Admission \$250 per unit	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]
Hospital ICU Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission
Hospital Confinement (Per day up to 365) \$50 per unit	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]
Hospital ICU Confinement (Per day up to 365)	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement
Emergency Room Treatment \$50 per unit	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]
Emergency Care in Physician Office or Urgent Care Facility \$75 per unit	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]
Physician Follow-up Visit (\$25 Per Unit, [1-4] visit max)	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]
OT/PT/ST (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
Chiropractic Treatment (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
X-Ray	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]
Major Diagnostic Imaging: PET/CT/CAT	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]
Outpatient Surgical Facility	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]

Disability Income Rider	<p>Pays a flat monthly benefit of \$100 per unit, up to 25 units. Benefit payable for a total disability as a result of a covered Accident-only or Accident & Sickness.</p> <p>The elimination and benefit periods available are:</p> <p><u>Accident Only Coverage</u> 7 day EP, 13 week benefit 14 day EP, 26 week benefit</p> <p><u>Accident & Sickness Coverage</u> 7/14 day EP, 13 week benefit 14/14 day EP, 26 week benefit</p> <p>The rider is only available to the primary insured.</p>
--------------------------------	--

Reserve National Insurance Company

Actuarial Memorandum - Generic Accident Indemnity Product Policy Form: KB-EAI-POL-1301, et al

Purpose and Scope

The purpose of this memorandum is to demonstrate that the proposed rates comply with state regulations. This filing is not intended to be used for any other purpose.

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Reserve National Insurance Company

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The plan will be effective after approval by the insurance department.

Reserve National Insurance Company

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- (3) The filing is in compliance with all applicable laws and regulations of the state in which it is filed;
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David M. Dillon, F.S.A., M.A.A.A.
LEWIS & ELLIS, INC.
P.O. Box 851857
Richardson, TX 75085-1857

June 23, 2013

Reserve National Insurance Company

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Intensive Care Unit Confinement per \$100	\$0.08	\$0.16	\$0.30	\$0.42
Emergency Room Treatment per \$50	\$0.42	\$0.83	\$1.30	\$1.85
Physician's Office/Urgent Care per \$75	\$0.44	\$0.87	\$1.46	\$2.04
Physician Follow-Up Visit [1 Visit] per \$25	\$0.15	\$0.29	\$0.49	\$0.68
Physician Follow-Up Visit [2 Visits] per \$25	\$0.26	\$0.51	\$0.86	\$1.20
Physician Follow-Up Visit [3 Visits] per \$25	\$0.35	\$0.69	\$1.14	\$1.60
Physician Follow-Up Visit [4 Visits] per \$25	\$0.43	\$0.82	\$1.37	\$1.92
OT/PT/ST [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
OT/PT/ST [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
OT/PT/ST [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
Chiropractic Treatment [5 Visits] per \$25	\$0.25	\$0.51	\$0.55	\$0.85
Chiropractic Treatment [10 Visits] per \$25	\$0.37	\$0.74	\$0.80	\$1.24
Chiropractic Treatment [15 Visits] per \$25	\$0.43	\$0.87	\$0.95	\$1.46
X-Ray per \$25	\$0.31	\$0.63	\$0.69	\$1.06
Major Diagnostic Exams per \$100	\$1.06	\$2.13	\$2.37	\$3.64
Outpatient Surgical Facility per \$50	\$0.10	\$0.19	\$0.21	\$0.33

Reserve National Insurance Company

24-Hour Coverage – Monthly Premiums

Non-Variable Benefits – Class II	EE	ES	EC	F
Bronze	\$7.27	\$13.86	\$13.68	\$21.25
Silver	\$13.30	\$25.23	\$24.86	\$38.57
Gold	\$18.55	\$35.04	\$34.49	\$53.44
Platinum	\$23.81	\$44.88	\$44.16	\$68.36
Variable Benefits – Class II	EE	ES	EC	F
Hospital Admission per \$250	\$0.24	\$0.54	\$0.84	\$1.24
Intensive Care Unit Admission per \$500	\$0.10	\$0.22	\$0.34	\$0.50
Hospital Confinement per \$50	\$0.19	\$0.40	\$0.67	\$0.96
Intensive Care Unit Confinement per \$100	\$0.09	\$0.20	\$0.33	\$0.47
Emergency Room Treatment per \$50	\$0.50	\$1.00	\$1.41	\$2.06
Physician's Office/Urgent Care per \$75	\$0.53	\$1.04	\$1.59	\$2.27
Physician Follow-Up Visit [1 Visit] per \$25	\$0.18	\$0.35	\$0.53	\$0.76
Physician Follow-Up Visit [2 Visits] per \$25	\$0.32	\$0.61	\$0.93	\$1.34
Physician Follow-Up Visit [3 Visits] per \$25	\$0.42	\$0.82	\$1.25	\$1.79
Physician Follow-Up Visit [4 Visits] per \$25	\$0.51	\$0.99	\$1.50	\$2.14
OT/PT/ST [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
OT/PT/ST [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
OT/PT/ST [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
Chiropractic Treatment [5 Visits] per \$25	\$0.30	\$0.61	\$0.60	\$0.95
Chiropractic Treatment [10 Visits] per \$25	\$0.44	\$0.88	\$0.88	\$1.38
Chiropractic Treatment [15 Visits] per \$25	\$0.52	\$1.04	\$1.03	\$1.63
X-Ray per \$25	\$0.38	\$0.75	\$0.75	\$1.18
Major Diagnostic Exams per \$100	\$1.28	\$2.55	\$2.59	\$4.06
Outpatient Surgical Facility per \$50	\$0.12	\$0.23	\$0.23	\$0.37

Disability Rider – Monthly Premiums

Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$0.95	\$1.42
Acc 26 Weeks; 14 Days	\$0.92	\$1.46
Accident Only	Per \$100 Unit	
Benefit Period; Elim Period	Class I	Class II
Acc 13 Weeks; 7 Days	\$3.22	\$4.34
Acc 26 Weeks; 14 Days	\$4.04	\$5.47

Off-the-job-only Premium Adjustment Factors

Benefits	EE	ES	EC	F
24-Hour	1.00	1.00	1.00	1.00
Non-Occupational	0.90	0.92	0.95	0.95

Reserve National Insurance Company

Exhibit II - Summary of Benefits

General Description	Initial Care must begin within 72 hours of the Accident. All expenses must be incurred within 90 days of the Accident, unless otherwise specified.							
Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Accidental Death: EE/SP/CH Common Carrier: 2X	\$100k/\$40k/\$20k		\$75k/\$30k/\$15k		\$50k/\$20k/\$10k		\$25k/\$10k/\$5k	
Accidental Dismemberment Loss of:								
Both hands OR Both feet OR Both eyes	\$50,000		\$37,500		\$25,000		\$12,500	
One hand and one foot OR one hand and one eye OR one foot and one eye	\$50,000		\$37,500		\$25,000		\$12,500	
One hand OR one eye OR one foot	\$25,000		\$18,750		\$12,500		\$6,250	
Paralysis:								
Quadriplegia	\$25,000		\$18,750		\$12,500		\$6,250	
Paraplegia	\$12,500		\$9,375		\$6,250		\$3,125	
Ambulance: Air/Ground	\$2,000/\$500		\$1,500/\$375		\$1,000/\$250		\$500/\$125	
Appliance	\$200		\$200		\$100		\$50	
Blood / Plasma / Platelets	\$500		\$500		\$250		\$125	
Burns								
2 nd Degree, 35 sq in or more	\$2,000		\$2,000		\$1,000		\$500	
3 rd Degree, 10 – 20 sq in	\$6,000		\$6,000		\$3,000		\$1,500	
3 rd Degree, 20 – 35 sq in	\$10,000		\$10,000		\$5,000		\$2,500	
3 rd Degree, 35 sq in or more	\$20,000		\$20,000		\$10,000		\$5,000	
Skin Grafts – 2 nd or 3 rd Degree Burns	50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit		50% of Burn Benefit	
Skin Grafts – Other accidental loss								
10 – 20 sq in	\$450		\$450		\$300		\$150	
20 – 35 sq in	\$750		\$750		\$500		\$250	
35 sq in or more	\$1,500		\$1,500		\$1,000		\$500	
Coma	\$15,000		\$15,000		\$10,000		\$5,000	
Concussion	\$300		\$300		\$200		\$100	
Dental								
Emergency Crown	\$450		\$450		\$300		\$150	
Emergency Extraction	\$150		\$150		\$100		\$50	
Dislocation	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Knee (except Patella)	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Ankle bone or bones of foot (other than toes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Collarbone (Sternoclavicular)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Lower jaw	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder (Glenohumeral)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Elbow	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Wrist	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Bone or bones of hand (other than fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Acromioclavicular and separation)	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
One toe or finger	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Eye Injury	\$400		\$400		\$300		\$200	

Reserve National Insurance Company

Exhibit II - Summary of Benefits, continued

Non-Variable Benefits by Package	Platinum		Gold		Silver		Bronze	
Fracture	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Skull (Except bones of face or nose), Depressed	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Skull (Except bones of face or nose), Non-depressed	\$3,000	\$6,000	\$2,250	\$4,500	\$1,500	\$3,000	\$750	\$1,500
Hip, Thigh (Femur)	\$5,000	\$10,000	\$3,750	\$7,500	\$2,500	\$5,000	\$1,250	\$2,500
Vertebrae, Body of (Excluding Vertebral Processes)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Pelvis	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Leg (Tibia and/or Fibula)	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Bone of the face or nose (Except Mandible or Maxilla)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Jaw, Maxilla (Except Alveolar Process)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Upper Arm between Elbow and Shoulder (Humerus)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$250	\$500
Lower Jaw, Mandible (Except Alveolar Process)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Shoulder Blade (Scapula)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Collarbone (Clavicle, Sternum)	\$1,000	\$2,000	\$750	\$1,500	\$500	\$1,000	\$300	\$600
Vertebral Processes	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Forearm (Radius and/or Ulna)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Hand, Wrist (except Fingers)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Kneecap (Patella)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Foot (except Toes)	\$800	\$1,600	\$600	\$1,200	\$400	\$800	\$200	\$400
Ankle	\$2,500	\$5,000	\$1,875	\$3,750	\$1,250	\$2,500	\$625	\$1,250
Rib	\$500	\$1,000	\$375	\$750	\$250	\$500	\$125	\$250
Coccyx	\$300	\$600	\$225	\$450	\$150	\$300	\$75	\$150
Finger, Toe	\$400	\$800	\$300	\$600	\$200	\$400	\$100	\$200
Knee Cartilage								
Torn with surgical repair	\$1,000		\$750		\$750		\$500	
Exploratory without repair	\$200		\$150		\$150		\$100	
Laceration								
Not requiring stitches	\$75		\$50		\$50		\$25	
Less than 2 in long with stitches	\$100		\$75		\$75		\$50	
2 – 6 in long with stitches	\$400		\$300		\$300		\$200	
6 in or more with stitches	\$800		\$600		\$600		\$400	
Lodging (Per night)	\$200		\$200		\$150		\$100	
Pain Management	\$150		\$150		\$100		\$50	
Prosthetic Device								
One only	\$1,000		\$1,000		\$750		\$500	
Two or more	\$2,000		\$2,000		\$1,500		\$1,000	
Rehab Unit Confinement (Per Day)	\$150		\$150		\$100		\$50	
Ruptured Disc with Surgical Care	\$1,000		\$1,000		\$750		\$500	
Surgery – Open Abdominal & Thoracic	\$2,000		\$2,000		\$1,500		\$1,000	
Surgery – Hernia or Exploratory without repair	\$200		\$200		\$150		\$100	
Tendon / Ligament / Rotator Cuff								
Single	\$1,250		\$1,000		\$1,000		\$750	
Multiple	\$2,000		\$1,750		\$1,750		\$1,250	
Exploratory without repair	\$300		\$200		\$200		\$100	
Transportation	\$0.60 per mile		\$0.60 per mile		\$0.45 per mile		\$0.30 per mile	

Reserve National Insurance Company

Variable Benefits by Package (Selected by Employer) No "internal" rules regarding the units selected. Each benefit can be a different number of units.	Platinum	Gold	Silver	Bronze
Hospital Admission \$250 per unit	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]	[\$250 - \$2,500]
Hospital ICU Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission	200% of Hospital Admission
Hospital Confinement (Per day up to 365) \$50 per unit	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]
Hospital ICU Confinement (Per day up to 365)	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement	200% of Hospital Confinement
Emergency Room Treatment \$50 per unit	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]	[\$50 - \$100]
Emergency Care in Physician Office or Urgent Care Facility \$75 per unit	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]	[\$75 - \$150]
Physician Follow-up Visit (\$25 Per Unit, [1-4] visit max)	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]	[\$25 - \$150] [1 – 4 visits]
OT/PT/ST (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
Chiropractic Treatment (\$25 Per Unit, [5, 10, 15] visit max)	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]	[\$25 - \$150] [5, 10, 15 visits]
X-Ray	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]	[\$25 - \$100]
Major Diagnostic Imaging: PET/CT/CAT	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]	[\$100 - \$500]
Outpatient Surgical Facility	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]	[\$50 - \$500]

Disability Income Rider	<p>Pays a flat monthly benefit of \$100 per unit, up to 25 units. Benefit payable for a total disability as a result of a covered Accident-only or Accident & Sickness.</p> <p>The elimination and benefit periods available are:</p> <p><u>Accident Only Coverage</u> 7 day EP, 13 week benefit 14 day EP, 26 week benefit</p> <p><u>Accident & Sickness Coverage</u> 7/14 day EP, 13 week benefit 14/14 day EP, 26 week benefit</p> <p>The rider is only available to the primary insured.</p>
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